

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: STORE OPERATED CALCIUM INFLUX
INHIBITORS AND METHODS OF USE

Attorney Docket Number:: 010692-009120US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 20

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: P.
Family Name:: Parks
Name Suffix::
City of Residence:: San Mateo
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 541 Parrott Drive
City of Mailing Address:: San Mateo
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94903

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Don
Middle Name:: R.
Family Name:: Baker
Name Suffix::
City of Residence:: Orinda
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 15 Muth Drive
City of Mailing Address:: Orinda
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94563

Corr spondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Cellegy Pharmaceuticals, Inc.
Street of mailing address:: 349 Oyster Point Blvd., Suite 200
City of mailing address:: So. San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94080